



THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

1975-2025 50th Anniversary

WILLIAM D. RILEY, CCP
PRESIDENT

EMILY SAULITIS COLLINS, CCP
VICE PRESIDENT

KIRSTEN R. KALLIES, CCP
SECRETARY

EMILY L. THUNSTROM-KAHRING, CCP
TREASURER

DAVID BOYNE, CCP

JWANA IBSIES, CCP

SCOTT M. NOESGES, CCP

CALEB VARNER, CCP

January 27, 2025

Greetings from the American Board of Cardiovascular Perfusion,

As a fundamental goal of our mission, the American Board of Cardiovascular Perfusion (ABCP) strives to develop and maintain quality standards in cardiovascular perfusion that promote safety and protection of the public. These standards are attained through the enhancement of structured medical education, clinical rotations, and certified through an exam process to obtain the status of Certified Clinical Perfusionist (CCP). For nearly 50 years, these standards have been set and demonstrate the importance of structured education, similar to what other medical disciplines have shown as well.

CCPs hold a distinct and critical function in cardiac, thoracic, and other complex surgeries for both pediatric and adult populations. As Perfusionists our practice is complex; involving mechanical knowledge of extracorporeal circuitry and medical sciences including anatomy, physiology, chemistry, cellular biology, pharmacology, and many other areas contributing to optimal end-organ perfusion. CCPs are uniquely versed in organ procurement and transplants needs for successful surgeries.

Most recently, CCPs have been at the epicenter of advances in organ procurement including Normothermic Regional Perfusion (NRP) and ex vivo perfusion. NRP and ex vivo are areas perfectly suited for CCPs to utilize their education, experience, and other benefits of clinical certification to support patient safety and overall operative success. NRP and ex vivo perfusion are similar in all respects as defined by the basis of training and application of clinical knowledge. Ex vivo perfusion devices can be defined as a small CPB system, utilizing all the same processes and technology required for whole body end-organ perfusion but for a specific single organ, each with its own physiologic profile. As devices vary in organ flow and pressure regulation requirements, the CCP must respond in a manner very similar to patients undergoing CPB. NRP is an in vivo process to reanimate and preserve organs and similar to ex vivo, this process includes the use of modified or standard CPB machines and disposables. The NRP process is very complex and still developing in all regards to organ resuscitation, reanimation and reperfusion.

Organ Procurement Organizations (OPOs) have the responsibility of how clinicians are presenting themselves during organ retrieval and transfers. We have heard many instances of individuals appearing for organ procurement who are not CCPs or licensed perfusionists but claim to have such a title. OPOs allowing, and possibly instructing, individuals on how to present themselves as perfusionists can place

multiple lives at risk during the entire process. Perfusion licensure states require graduating from an accredited perfusion program for all licensing purposes. Any and all individuals falsely presenting as a perfusionist or CCP by title and/or by their actions will be reported along with the OPO they are associated with to all entities necessary. Now more than ever, patient safety on either end of organ procurement is at risk and must be protected by all means.

In summary, CCPs are the only medical professionals formally educated and trained in adult and pediatric organ procurement and transplants. Annual recertification through the ABCP maintains the high standards required to practice safely and effectively in these high acuity medical scenarios. The emerging technologies of ex vivo organ procurement and NRP have enhanced the viability of donated organs, and the trajectory of these techniques appears to be robust. As such, the influence of OPOs has grown in scale and scope. As the only medical professionals with the appropriate training, clinical experience, continuing education and professional support necessary to reliably and optimally perform these critical procedures, the American Board of Cardiovascular Perfusion insists on utilizing CCPs/licensed perfusionists for these procedures. We hereby request your cooperation and support in our endeavor to properly apply the title of Perfusionist and Certified Clinical Perfusionist across the realm of transplant medicine, and help us to ensure that all clinicians are presenting themselves with accurate and appropriate credentials in all aspects and arenas of healthcare.

Sincerely,

Officers and Directors
The American Board of Cardiovascular Perfusion